PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 09/943,572

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE (37 CFR 1.16(a))				$____	OR		$____
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	X $____ =		OR	X $____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	X $____ =		OR	X $____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $____ =		OR	+ $____ =	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	40	Minus	20	= 20	X $9 =		OR	X $18 =	360.00
Independent (37 CFR 1.16(b))	11	Minus	10	= 1	X $44 =		OR	X $88 =	88.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $150 =		OR	+ $300 =	300.00
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	748

Overpaid dep. claim by $616.00

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	X $9 =		OR	X $18 =	
Independent (37 CFR 1.16(b))	*	Minus	***	=	X $44 =		OR	X $88 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $150 =		OR	+ $300 =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	X $9 =		OR	X $18 =	
Independent (37 CFR 1.16(b))	*	Minus	***	=	X $44 =		OR	X $88 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $150 =		OR	+ $300 =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

Application or Docket Number
09/943,572

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)			SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS					RATE	FEE	OR	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS	17 minus 20=	·			XS 9=		OR	XS18=	
INDEPENDENT CLAIMS	9 minus 3 =	6			X43=		OR	X86=	480.00
MULTIPLE DEPENDENT CLAIM PRESENT		☒			+145=		OR	~~27~~ =	270.00
					TOTAL		OR	TOTAL	1460

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A	2/17/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total	16	Minus	20	=		XS 9=		OR	XS18=	
	Independent	8	Minus	9	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐		+145=		OR	+290=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

		(Column 1)		(Column 2)	(Column 3)		RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT B	3/5/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
	Total	18	Minus	20	=		XS 9=		OR	XS18=	
	Independent	10	Minus	9	=	1	X43=		OR	X86=	86.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐		+145=		OR	+290=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

		(Column 1)		(Column 2)	(Column 3)		RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
	Total	·	Minus	··	=		X$ 9=		OR	X$18=	
	Independent	·	Minus	···	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐		+145=		OR	+290=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
· The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.